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These are Undeniable Facts

Your Own Child is Subject to Similar Experimentations

X- RM 787

28

1214 Monroe St., Chicago, Ills.

Women, as wives and mothers, are interested especially in measures that relate to Child Welfare and Public Health; not only the welfare of mothered children, but of those who are motherless and destitute; and not only the health of the public generally, but the care and health of those unfortunates who are in public places of refuge. By the ties of humanity all people, children and adults, of all races are bound together.

On this ground I write you; as the General Federation of Women's Clubs is to be held June 21-30 at Chautauqua, N. Y., where delegates from the women's clubs (numbering 600, I believe) from all over the United States will be gathered to discuss questions that affect the well-being of people of all nations.

I desire to call the attention of Club women (and very many members of different societies in this and other countries, men and women, are with me in this desire) to the fact of the helpless children and people in public orphanages and asylums having been, and being, used as "material" for "scientific" experimentation. The facts are well known to medical men of this and other countries and protests have gone out against these experimenters by their allopathic (and other) medical colleagues—though some eminent men decline to call such experimenters "colleagues."

For years back, and at the present time the medical journals reek with records of those experiments, or *tests*, as one vaccine, anti-toxin, etc., after another rises and falls after much vaunted value. (Unfortunately for the general public, even the more intelligent portion seldom read those records, and only recently are people becoming aware of the vile composition of the vaccines, etc., with which the public is victimized, after such have been *tested* out on victims in our public institutions.)

The proofs of the heartlessness of this proceeding—using "charitable" institutions as places to obtain "material" (a favorite word of the experimenters) are taken from the medical journal records and have multiplied so as to be beyond limit for quotation in a letter, or even in print. However, the sensational rise and fall of the Von Ruck vaccine, an alleged prevention of tuberculosis (as if *sanitation* were not the best and surest preventive), will serve as one example, because it became a Government affair and was discussed on the floor of the Senate. I mention it, because hundreds of little children in orphanages had been used for experimentation of it, before Dr. Von Ruck announced his new serum ready. School children, also, were finally used. The New York Tribune of March 30, 1913, said that "experiments which were regarded as successful, were made at the Baptist Orphanage in Thomasville, N. C., where some hundred children were vaccinated." The New York World, May 20, 1913, and the New York Sun, May 29, 1913, referred to the experiments. In the Journal of the American Medical Association, May 18, 1912, page 1504, Dr. Von



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PRICE SIXPENCE.



The Present Position of the Vaccination Question.

*The Case for a Final Settlement on
Lines of Personal Freedom.*

Published by
THE NATIONAL ANTI-VACCINATION LEAGUE,
25 DENISON HOUSE, 296 VAUXHALL BRIDGE ROAD,
LONDON, S.W.1.

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PUBLISHED BY
WILLIAM J. FURNIVAL, STONE, STAFFS., ENGLAND.

"BLIGHTED BLOSSOM,"
or Infant Vaccination Illustrated.

#62

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Alice Ann Pickles, of Bradford.

Died 20th November, 1906, aged 6 months.

"A picture of health and beauty before that cursed disease was inoculated into her system."—*The Father*

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(Vacc. Inq. Vol. VI. p 206)

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CLAIMS FOR TYPHOID INOCULATION FRAUDULENT

As Official Records Show



Who says Army typhoid has been reduced by inoculation?

Just two classes: those whose professional pride or pecuniary interest blind them to the facts, and those who are content to echo such "authorities" without examining the Army records for themselves.

Here is the proof.

The following rates are based on the figures of the Surgeon General of the United States Army for the years named:

Year	Attack Rate Per 1000 Men	Death Rate Per 1000 Men
1898	88.56	9.74
1899	22.98	2.79
And the decline continued until—		
1908	3.20	0.31

Spanish War Volunteers are not included in the foregoing—only the Regulars. The Volunteers show the following rates:

1898	166.03	17.18
1899	17.10	1.90

Not a man was inoculated against typhoid in the U. S. Army previous to March 1, 1909. On that date volunteers for inoculation were called for. Not until 1911 was inoculation made compulsory.

Observe: The disease had already dwindled, thanks to sanitation, and was fast disappearing before a single inoculation was performed.

The vaccine interests had to make haste or the disease would have utterly vanished before they could work in their nostrum.

The gullibility of the American public is a standing invitation to vaccine peddlers and they are not slow to take advantage of it.

WHAT IS VACCINATION? WHAT ARE ITS FRUITS?

(By Rev. James Wallace, Campsie, Scotland.)

What Do Medical Men Say Vaccination Is?

Dr. John Stewart (Perth): "I consider vaccination to be one of the greatest humbugs ever foisted on human beings." (Vac. Inq. ix, 123.)

Dr. Charles MacLean: "I found those were right who had represented the cowpox experiment as a splendid delusion." (Dr. Collins' Essay, p. 55.)

Dr. Chas. Creighton, M. D., Aberdeen: "A grotesque superstition" (Jenner and Vacc., p. 353).

Dr. Edward Ballard: "In very truth implanting the seeds of a disease."

Dr. C. T. Pearce: "The infliction of a disease transferred from the brute."

Dr. L. C. Appel: "Vaccine lymphs are intended to produce disease."

Dr. E. Haughton: "Quackery by Act of Parliament."

Dr. C. E. Page: "The supreme folly of the medical profession."

Dr. A. M. Ross: "An infamous crime and a beastly outrage."

Dr. C. M. Nichols: "A blunder in poisons."

Dr. Alhinson: "A ghastly risk."

Dr. J. W. Hodge: "A gigantic delusion . . . never saved a single life."

Dr. Hadwen: "The most gigantic piece of quackery ever exploited among a civilized people."

What are the Effects of Cowpox and Vaccination?

Dr. E. Jenner: "Absorption takes place, and tumours appear in each axilla. The system becomes affected, the pulse is quickened and shiverings with general lassitude, and pains about the loins and limbs, with vomiting come on. The head is painful and the patient is now and then afflicted with delirium."

The Ven. Archdeacon Colley: "It mingles in a hideous communion of blood all the diseases and taints of the community. Every hereditary sewer is made to open up in the nursery. It pours every disease and sifts every lust and ventilates every uncleanness through the fragile bodies of our little children. How can we be silent in view of the terrible evil forced upon us by law?"

(Open Letter)



Professor H. B. Ward, Department of Zoology
 Professor F. W. Tanner, Department of Bacteriology
 Professor W. C. Rose, Department of Physical Chemistry
 University of Illinois.
 Urbana, Ill.

Gentlemen:

You and each of you were quoted by the Daily Illini of February 18, 1926, as having "denounced anti-vaccinationists and anti-vaccination literature," and as being "unanimous" in the opinion "that vaccination is unquestionably successful."

You are represented as charging "that people arguing against vaccination made misstatements of fact, often misrepresented statements from reputable sources, and often took their statistics from disreputable authorities."

One of you quoted the Philippines' experience as proving that vaccination prevents smallpox.

One stated, "People who distribute anti-vaccination literature are either misguided or ignorant. Those who write this literature do not know what they are talking about." The same statement was repeated by another of you.

The undersigned begs to say, in view of the foregoing, that the entire history of Vaccination is manifestly a closed book to you; that you are accepting a carefully guarded tradition, instead of open-mindedly reading and informing yourselves. Not to follow your example and make unsubstantiated assertions, I beg to ask:

Do you know that England, the land of Jenner, after a century of trial of vaccination and half a century of compulsory vaccination, CHANGED HER LAW to optional vaccination? THE FACT should give you pause and invite study.

Do you know that this was not done until a Royal Commission had reported, after an investigation running over eight years, in which the leading experts of Europe and America had testified? Do you know that such a mass of damaging testimony was offered that this Commission (most of its members "believing in" vaccination) could not do other than recommend Parliament to relax the law?

Do you know that, once this was done, vaccination began to fall off and that, as vaccination declined smallpox declined? Kindly study the following table, whose figures can be verified by going to the English Registrar General's records.

FIFTY YEARS OF SMALLPOX AND VACCINATION IN ENGLAND AND WALES

PERIOD	Total number of deaths from Smallpox.	Average Annual Smallpox death-rate per 100,000 of population.	Average Annual percentage of births vaccinated.
20 years, 1872-1891	46,312	178.0	93.88
during which Vaccination was well enforced.....			
20 years, 1892-1911	8,318	25.6	67.88
during which Vaccination was less effectively enforced			
10 years, 1912-1921	122	.34	43.50
during which Vaccination was largely neglected.....			

Is not Vaccination disposed of once and for all in above table? Yet 'tis but one small item of our bill.

Do you know the story of Leicester (Eng.) anti-vaccination in practice for 40 years? Vaccination's disastrous failure is there followed by Sanitation's full success. Two notable books on Leicester will inform you; one by the Medical Health Officer, C. Killick Millard, a pro-vaccinist who has become enthusiastic for the Leicester Method, the other by J. T. Biggs, sanitary engineer and statistician. The titles are "The Vaccination Question" and "Leicester: Sanitation vs. Vaccination."

VACCINATION FACTS vs. EVANS' FANCIES

Why does Dr. W. A. Evans write on subjects he knows nothing about?

In a copyrighted syndicated article appearing in a chain of daily papers, and printed in the Chicago Tribune November 17, 1922, entitled "Philippine Smallpox," he has this:

"If the antivaccinationists have ever offered any plan for the control of smallpox, or if any antivaccinationist has ever made use of any other plan (than vaccination, he means) to control smallpox, I have never heard of it."

Did he never hear of England? Of Leicester?

British antivaccinists have taken the first long step toward banishing smallpox by the simple method of discouraging and refraining from its manufacture. Vaccination is a process of infecting with smallpox; therefore it keeps the disease alive, spreads it, increases its virulence. Repealing the compulsory feature of the law, back in 1898, Great Britain has permitted the practice to fall into disuse. The natural result has been a corresponding decrease in smallpox.

But British antivaccinists have done more than this for the prevention of smallpox. They have given the world the grand object-lesson that has come to be known as the "Leicester Method."

The old town of Leicester dates back nearly a thousand years before the Christian era, and all down the ages it has cut a figure in British history; but in nothing has it more deserved fame than it deserves today for its modern methods of dealing with smallpox. Leicester is now a manufacturing center with a population upwards of 245,000. Over 30 years ago the people of Leicester rebelled against vaccination and began to employ rational measures to cope with smallpox. They have had a brilliant success. Two books and hundreds of articles have been published on the subject. One is by J. T. Biggs, sanitary engineer and for nearly a quarter of a century a Town Councillor; the other is by C. Killick Millard, M. D., D.Sc., Medical Officer of Health. The titles are "Leicester: Sanitation vs. Vaccination" and "The Vaccination Question," respectively. Both books are commended to the attention of Dr. Evans and all others who would be considered informed. Meantime, do not forget, the antivaccinists are the only people with a rational and PROVED plan for ridding communities of smallpox.

Does Dr. Evans fear to expose himself to the infection of Facts? His remarks on Philippine smallpox suggest it. If he would study the Philippine Health Service Reports he would not expose himself to ridicule by saying—



Why We "Refuse and Resist"!

By LOUIS S. SIEGFRIED

President, Vaccination Research Association

"VACCINATION A DELUSION. ITS ENFORCEMENT A CRIME."

Professor Alfred Wallace.

TESTIFYING before the Royal Commission, Professor Wallace stated: "Vaccination is a certain cause of disease and death in many cases, and is the probable cause of about 10,000 deaths and annually of 5,000 inocuable diseases of the most terrible and disgusting character."

WHAT MEDICAL MEN SAY:

"Vaccination produces a condition analogous to Syphilis." Dr. W. R. Hadwen, M.D., M.R.C.S., L.R.C.P., J.P., in an address delivered in Town Hall, New York City, in May, 1926.

"Impetigo contagiosa, syphilis, tetanus, cellulitis, erysipelas, pyoemia, gangrene or boils, may occur from impure or mixed inoculation at the time of vaccination, or later." Dr. A. S. Woodward, C.M.G., C.B.E., M.D., F.R.C.P., England, in his "Manual of Medicine," a book in current use among students of medicine.

"We have no known test by which we can possibly distinguish between lymph which is harmless, and one which might be harmful to the extent of communicating syphilis." (Question R. C. No. 11, 119. See also Crookshanks "History and Pathology of Vaccination," Vol. 1.) Professor E. M. Crookshank, M.D., London, England, professor of bacteriology, Kings College, to Royal Commission.

"Vaccination exposes the vaccinated to syphilis." Dr. Charles Pigeon of France, at the anti-vaccination congress held at Cologne, October 10, 1881.

"Of the 384 replies from medical men, that are published, there are recorded 53 cases of syphilis, 126 of erysipelas, 64 of eczema, 22 of erythema, 9 of scrofula, making a total of 40 diseases in all as the results of vaccination according to the opinions of these doctors." Dr. Makuna in his "Vaccination Enquiry" published in 1883.

The sixth report of the Royal Commission, on page 617, contains a list of 1,000 vaccino-syphilis cases.

"Influence of vaccination upon other diseases. A quiescent malady may be lighted into activity vaccination. This has happened with congenital syphilis, occasionally with tuberculosis." Sir William Osler, in his "Principles and Practice of Medicine," page 330, eighth edition, 1918.

"In 1805 Dr. Mosley discovered that syphilis was communicable by vaccination, but it was not until 70 years later that the majority of the profession were convinced of the fact. Pathology has taught us long since that syphilis may be conveyed by infected blood or the secretions which are its offsprings. Statistics complete the evidence by showing that the deaths from infantile syphilis per million births were under enforced vaccination (1867-1878) 1,738, as compared with 564 under voluntary vaccination (1847-1853)." Dr. W. J. Collins, B.Sc., M.B., M.R.C.S., writing from St. Bartholomews Hospital, London, England, September 10, 1881.

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Complete Failure of Medicine in the World War

By Samuel Saloman

*Written especially for the New York Anti-Vivisection Society
456 Fourth Avenue, New York City*



IT generally is believed that if various of the other departments had failed to measure up to expectation during the period of the World War, the medical department of the United States army had achieved full success; that to such department the thanks of all calling themselves American are due for keeping our brave boys physically fit for the herculean tasks they were called upon to shoulder.

It may, therefore, unpleasantly surprise these too-trusting individuals to learn that "regular" medicine in the World War had failed more completely, all things considered, than it had in any of our other wars.

For the first time in our history we had time for preparation, for the training of the levies as fast as they were called to the colors, for the thousand and one things necessary for the successful prosecution of a great war. In our other wars our hastily gathered, insufficiently trained, and indifferently equipped troops were forced into the field just after war was declared. In the World War more than a year had elapsed before the first American division was in the actual fighting section. Of the men called to the colors a little more than one-half went overseas, and only one-half of these saw actual combat service, and that for an average period of a little more than two months.

The medical department of the army was or should have been adequately prepared for the struggle that our statesmen knew could not be avoided. For two and a half years it had its trained observers with the European belligerents, including the central powers, and must have added to its store of sanitary and medical knowledge, and so should have been in condition to render effective service to our own armed forces when neutrality no longer was possible.

According to the official reports the government had at its disposal during the war an army of 31,251 full-fledged physicians, every one of them of the old and so-called "regular" school of medicine. Figuring commissioned officers, contract surgeons, army nurses, and enlisted personnel, this necessary branch of the army reached "a maximum of 354,796, almost three times the strength of the entire army a few years before the beginning of the war." According to the Surgeon General of the Army, Ann. Rept. 1918, "practically the entire medical profession of the United States became the medical department of the army and navy."

Col. Leonard P. Ayers, in his official document, "The War With Germany: A Statistical Study," has this to say about the medical forces:

"This number included leaders of medical science, who have not only made possible the application of the most recent advances of medicine in the prevention and cure of disease, but have themselves made new discoveries during the course of the war, resulting in great saving of life in our own and other armies." Further: "At the beginning of the war what was then considered an extravagant program of hospital construction was entered upon, with the intent that in no case should the army lack facilities for the care of its sick."

According to this authority there were 149 hospitals in this country for the sole use of our troops, "exclusive of very numerous small hospitals already in army use." More than 200 hospitals were in operation overseas. Col. Ayers continues:

"On December 1, 1919, there were available in American hospitals 399,510 beds, or 1 bed to every 9 men in the army. Of these 287,250 were overseas and 112,220 were in this country." Further: "To build factories and storage warehouses for supplies, as well as housing for troops, 200,000 workmen in the United States were kept continually occupied for the period of the war. . . . Housing constructed had a capacity of 1,800,000 men, or more than the entire population of Philadelphia."

The housing provided was of the semi-permanent variety, not tents, as in our other wars, for which adequate and certified water supply, sewage, and electric lights were provided. These quarters were erected so that at all times each enlisted man might have the required amount of breathing space considered necessary by our sanitary engineers.

According to the same authority, the cost of cantonments in this country was in round numbers, \$200,000,000, or about half the cost of the Panama Canal. So it is admitted that our armed forces in the late war were in this respect better provided for than those of any of our other wars; we may go even further and say that the enlisted man was better housed than his brother in civil life.

In addition to housing the enlisted man was in far more favorable condition as regards the other two essentials, food and clothing. Civilians during the war period were compelled to observe meatless, wheatless, heatless days; but our armed forces were not only free to satisfy their very legitimate requirement, but literally to waste enormous quantities of these essentials.

It should also be mentioned that those who were to make up our victory army were literally "selected" men. Each man was submitted to a rigorous physical examination by orthodox members of the medical fraternity, and only those labeled fit were taken. Out of a total of 24,234,021 men registered, 2,810,296 were chosen for the army, or about 1 man out of every 8.6

*THE FAILURE OF VACCINATION FROM SMALLPOX IN RE-VACCINATED JAPAN

BY J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

Japan is one of the most completely vaccinated and re-vaccinated nations in the world. In the year 1872, a law was passed making vaccination in that country compulsory. Notwithstanding the rigid enforcement of that law, Japan subsequently suffered many thousands of deaths annually from small-pox following "successful" vaccination.

Pro-vaccinists, far from being dismayed at this death-roll, insisted that it might have been avoided if every individual, instead of having been but once vaccinated, had been re-vaccinated.

The legislative Chamber, therefore, in the year 1886 passed another and a more stringent law whereby re-vaccination, repeated every five to seven years, was made compulsory. In pursuance of this law, 25,474,370 vaccinations, re-vaccinations and re-re-vaccinations were officially recorded as having been performed in Japan between the years 1886 and 1892, which means that about two-thirds of the entire Japanese population already well vaccinated under the provisions of the law of 1872, were re-vaccinated within the period above stated. It does not seem possible that the most ardent pro-vaccinist could desire more than this. What was the result of this enormous amount of re-vaccination? The official government records show that during the seven years which intervened between 1886 and 1892 Japan suffered 33,979 deaths from post-vaccinal small-pox, while 156,175 cases of vaccinated small-pox were officially notified.

This was a case-fatality of nearly twenty-five per cent, which greatly exceeds the small-pox death rate of the pre-vaccination epoch when nobody was vaccinated. By the provisions of the compulsory law, every infant born in the Empire of Japan must be vaccinated within the first year after its birth. In case the result of this primary vaccination proves to be unsatisfactory, the vaccine operation must be followed by three additional vaccinations within the year.

Even if the result of the primary vaccination proves "successful" and entirely satisfactory, vaccination must be repeated after a period of from five to seven years thereafter.

In the event of an outbreak of small-pox the Japanese authorities rigidly enforce general re-vaccination irrespective of previous vaccinations and re-vaccinations. In spite of these stringent requirements in respect to re-vaccination and re-re-vaccination of the entire Japanese population, what has been the result? Let the official government statistics bear testimony During the sextennial period (1892-1897)

Japan had 142,033 cases of post-vaccinal small-pox notified, 39,535 of which cases proved fatal. In a single year (1893) 41,898 cases of smallpox were officially notified, 1,852 of which cases proved fatal.

By another act of Parliament passed in 1896, and at once signed by the Mikado, re-vaccination repeated at the end of every five year period was made compulsory upon every Japanese subject, whatever his or her station in life. This act, like its predecessors, was rigidly enforced under a severe penalty. What was the result? Nearly 42,000 cases of small-pox in the Empire were notified during the very next succeeding year.

In the single year 1897 the Japanese nation had 41,946 cases of small-pox officially notified, of which 12,276 terminated fatally. This was a case-fatality of about thirty-two per cent, or nearly double the fatality rate for small-pox in the pre-Jennerian era when nobody was vaccinated and at a time when people lived in dith and in ignorance of the laws of health.

Does this showing indicate that vaccination or re-vaccination had any effect either in preventing or in mitigating small-pox? According to recent official government reports received by the writer direct from Tokio, Japan has had 171,611 cases of small-pox and 47,919 deaths from that disease during the last two decades (1889 to 1908.) During the year 1908 Japan again suffered severely from small-pox, having experienced the worst epidemic of recent times. From S. Kubota, Director of the Sanitary Bureau of the Empire of Japan, I received by personal letter the official statement that "the number of cases of small-pox officially notified in Japan for the year 1908 was 163,367, while the number of officially recorded deaths from the same disease during the same year was 5,837." This was a case-fatality of more than 32 per cent. It would be interesting to ascertain to what extent the variolous disease was mitigated by vaccination in these 5,837 fatal cases of post-vaccinal small-pox. Perhaps some obliging apologist for vaccination who is versed in the mysteries of Jennerian will be kind enough to tell us.

This is the true state of affairs in a country in which compulsory vaccination and re-vaccination, repeated every five years, has been rigidly imposed upon the entire Japanese population since the year 1886, and in which small-pox is alleged by the Jenner-biographers to be non-existent. In the presence of such convincing proof of the utter uselessness and worse than uselessness of vaccination as a preventive of small-pox, where is the sane person who can retain belief in the alleged efficacy of

*(Reprinted from the September, 1910, Number of Twentieth Century Magazine.)

Diphtheria Immunization in Schools

Suggestions for a Workable Program

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MONOGRAPH No. 2
SCHOOL HEALTH BUREAU
WELFARE DIVISION
METROPOLITAN LIFE
INSURANCE COMPANY

INVITING DANGER

A Physician's Criticism and Explanation of the SCHICK TEST

BY F. MASON PADELFORD, M.D.

AN agitation has recently been extensively carried on, apparently aimed at making the so-called Schick Test, a routine public health measure. It behooves us, therefore, in anticipation of possible efforts to have laws enacted making submission to it compulsory, to consider seriously what this operation involves.

The Test consists in injecting *into* the skin a minute quantity of the toxin produced by the germs of diphtheria. In different persons the reaction varies. In some, apparently, there is no reaction; in others there develops at the site of the injection, a few hours after it is made, a slightly infiltrated, circumscribed, reddened area varying from one to possibly three centimeters in diameter. This is a "positive" reaction. It is supposed to indicate that the individual in whom it occurs possesses so little resistance to diphtheria that in the event of exposure to the disease he will be almost sure to contract it. To prevent such a disaster it is proposed that there be injected into the "non-immune" person a mixture of the toxin of diphtheria and the antitoxin of this disease.

Doubtful Protection

We have no reason to believe that immunity artificially established, ever exceeds, if indeed it ever equals, that which results from an attack of the natural disease. It is possible that, following an attack of diphtheria, there exists, for a short period, a relatively high degree of immunity. The

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AN INQUIRY INTO VACCINE "LYMPH"

ITS ORIGINS, VARIETIES, NATURE AND EFFECTS
AS DISCLOSED IN ORIGINAL OFFICIAL
PUBLICATIONS

TOGETHER WITH
A BRIEF HISTORY OF ITS COMPULSORY INOCULA-
TION IN ENGLAND UNDER THE VACCINATION
LAWS AND DEPARTMENTAL REGULATIONS.

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VACCINATION

— AND —

SMALLPOX.

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FURTHER COMMENTS ON THE "SCHICK" TEST.

By ARNOLD LUPTON.



FAILURE OF ANTI-TOXIN.

The advocacy of the "Schick" test by the Ministry of Health would lead one to suppose that it has ceased to have any confidence in the "anti-toxin" treatment of the last 30 years. This is not surprising since the failure of this treatment has been evident to all impartial inquirers. So far as figures have been published, the evidence shows that in cases of diphtheria the mortality where anti-toxin is used is at least twice and sometimes four times the mortality of the cases treated without anti-toxin, and the complications such as paralysis, eruptions, abscesses, etc., that sometimes follow with the use of anti-toxin are sufficient to condemn its use. The present mortality from diphtheria being chiefly maintained by the use of anti-toxin.

REMEDIES AND PROPHYLACTICS.

It is one thing to advocate the inoculation with anti-toxin of a person who is ill, but it is quite another thing to advocate the injection of a toxic serum into everybody who is quite well.

In the United Kingdom there are comparatively few cases of diphtheria in persons of fifteen and upwards, and there are nearly 15,000,000 children and young people under fifteen.

"MINISTRY OF HEALTH" DESIRES TO INOCULATE 15,000,000.

The Ministry of Health appears to desire that all these 15,000,000 children should suffer the "Schick" test, which will make them ill, and perhaps very ill; and a large pro-